| Please type a plus sign (+) instr | de this box — [+] | , v | PTO/SB/21 (08-00) | |
|---|--|--|--|--|
| | | U.S. Palent and Tracem | aik Office: U.S. DEPARTMENT OF COMMERCE | |
| Uniter the Paperwork Reduction Net of 1995 | , no persons are required to re | Application Number | on unless it displays a valid OMB control number. | |
| TRANSI | MITTAL | Filing Date | 0.0 | |
| FOF | RM | First Named Inventor | Gary J. Franke | |
| (lo be used for all correspon | dence after initial filing) | Group Art Unit | 18/0 81 | |
| | · | Examiner Name | 175 | |
| Total Number of Pages in | This Submission 27 | Attorney Docket Number | PLI-1225 | |
| | ENCL | OSURES (check | all that apply) | |
| Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts/ | CD, Nur | g-related Papers to Convert to a nal Application of Attorney, Revocation of Correspondence | After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Nonpublication Request | |
| under 37 CFR 1.52 or 1.5 | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | |
| Firm or Individual name Alber | t 0. Cota | | · | |
| Signature | 1.0. A | 2 | | |
| Dale 30 MARCH ZOUR | | | | |
| | CERTIFICA | ATE OF MAILING | | |
| I hereby certify that this correspondence mail in an envelope addressed to: Com | e is being deposited with the missioner for Patents, Was | ne United States Postal Servishington, DC 20231 on this d | ice with sufficient postage as first class | |
| Typed or printed name | Martha T. Cota | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Date

Martha

Signature

Approved for use through 10/31/2002. OMB 065 1-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| FEE TRANSMITTAL |
|-----------------|
| for FY 2001 |

Patent fees are subject to annual revision.

| TOTAL | AMOUNT | OF | PAYMENT |
|-------|-----------|----|---------|
| IOIAL | 711100111 | 91 | LVIMENT |

(\$) 385.00

| spand to a collection of infor | mation unless it displays a valid OMB control number | | | |
|--------------------------------|--|--|--|--|
| Complete if Known | | | | |
| Application Number | | | | |
| Filing Date | | | | |
| First Named Inventor | Gary J. Franke | | | |
| Examiner Name | · · | | | |
| Group Art Unit | | | | |
| Alternay Docket No. | PLT-1225 | | | |

| METHOD OF PAYMENT | FEE CALCULATION (continued) | | | | | |
|---|--|----------|--|--|--|--|
| 1. The Commissioner is hereby authorized to charge | 3. ADDITIONAL FEES | | | | | |
| Indicated fees and credit any overpayments to: Deposit | Large Small | | | | | |
| Account Number | Entity Entity Fee | | | | | |
| Deposit | Code (\$) Code (\$) Fee Description Fee F | ald | | | | |
| Account Name | 105 130 205 65 Surcharge - late filling fee or ooth | | | | | |
| Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 | 127 50 227 25 Surcharge - late provisional filing fee or cover street | | | | | |
| Applicant claims small entity status. | 139 130 139 130 Non-English specification | | | | | |
| 2. Payment Enclosed: | 147 2,520 147 2,520 For filling a request for ex parte reexamination | _ | | | | |
| Check Credit card Money Other | 112 920° 112 920° Requesting publication of SIR prior to Examiner action | | | | | |
| FEE CALCULATION | 113 1,840° 113 1,840° Requesting publication of SIR after Examiner action | | | | | |
| 1. BASIC FILING FEE | 115 110 215 55 Extension for reply within first month | | | | | |
| Large Entity Small Entity | 116 390 216 195 Extension for reply within second month | | | | | |
| Fee Fee Fee Fee Description Code (S) Code (S) Fee Paid | 117 890 217 445 Extension for reply within third month | | | | | |
| 101 710 201 755 1955 01-1 | 118 1,390 218 695 Extension for reply within fourth month | | | | | |
| 106 320 206 160 Design filing fee | 128 1,890 228 945 Extension for reply within fifth month | | | | | |
| 107 490 207 245 Plant filing fee | 119 310 219 155 Notice of Appeal | | | | | |
| 108 710 208 355 Reissue filing fee | 120 310 220 155 Filing a brief in support of an appeal | | | | | |
| 114 150 214 75 Provisional Ming fee | 121 270 221 135 Request for oral hearing | | | | | |
| CURTOTAL (4) (C) | 138 1,510 138 1,510 Pelition to institute a public use proceeding | | | | | |
| SUBTOTAL (1) (S) 385,00 | 140 110 240 55 Pellikon lo revive - unavoldable | | | | | |
| 2. EXTRA CLAIM FEES Fee from | 141 1,240 241 620 Petition to revive - unintentional | | | | | |
| Extra Claims below Fee Paid | 142 1,240 242 620 Utility issue fee (or reissue) | | | | | |
| Total Cinims .20** = X | 143 .440 243 220 Design issue fee | | | | | |
| Cinins X X | 144 600 244 300 Plant Issue foe | | | | | |
| Mulliple Dependent | 122 130 122 130 Petitions to the Commissioner | | | | | |
| Large Entity Small Entity | 123 50 123 50 Processing fee under 37 CFR 1.17(q) | | | | | |
| Fee Fee Fee Fee Description | 126 180 126 180 Submission of Information Disclosure Simi | | | | | |
| Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20 | 501 40 581 40 Recording each palent assignment per properly (times number of properties) | | | | | |
| 102 80 202 40 Independent claims in excess of 3 | 146 710 246 355 Filling a submission after final rejection (37 CFR § 1.129(a)) | | | | | |
| 104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 ** Reissue independent claims over original patent | 149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b)) | | | | | |
| | 179 710 279 355 Request for Continued Examination (RCE) | | | | | |
| 110 18 210 9 ** Reissue claims in excess of 20 and over original patent | , · · · · · · · · · · · · · · · · · · · | \dashv | | | | |
| | 169 900 169 900 Request for expedited examination of a design application | | | | | |
| SUBTOTAL (2) (\$) | Other fee (specify) | | | | | |
| * or number previously paid, if greater, For Reissues, see above | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (5) | | | | | |
| The real provides and | Actioned by come runing rea raid 300101ME(3) | | | | | |

| SUBMITTED BY | | | | Complete (ii | app6cable | ,, | |
|-------------------|----------------|--------------------------------------|--------|--------------|-----------|------|------|
| Nama (Print/Typ∞) | Albert O. Cota | Registration No. (Attorney/Agent) | 29,291 | Telephone | (818) | 368- | 4332 |
| Signature | G.O. 700 | | | Date | 03 | 30 | 104 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Sintement: This form is estimated to take 0.2 hours to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to consider this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

PTOISBUIG (11-00)
Approved for use through 10/31/2002. CHIB 0031-0031
U.S. Patent and Trademark Offic; U. & DEPARTMENT OF COMMERCE

U.S. Petent and Tredemark Office). A. DEPARTMENT OF COLMERCE U.S. Petent and Tredemark Office). A. DEPARTMENT OF COLMERCE Under the Observation of Manuellan unless & displays a valid OMB control manuals.

NONPUBLICATION REQUEST UNDER 35 U.S.C. 122(b)(2)(B)(i)

| First Named Inventor | | Gary J. Franke |
|----------------------|--|----------------|
| Title | | SAFETY RAIL . |
| Aity Docket Number | | PLI-1225 |

I hereby certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

I hereby request that the attached application not be published under 35 U.S.C. 122(b).

 $\frac{3-18-04}{9}$

Gary J. Franke, Applicant

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application upon filing.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant must notify the United States Patent and Trademark Office of such filling within forty-five (45) days after the date of the filing of such foreign or international application. Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2XB)(iii)).

Burden Pille Statement This collection of information is required by 17 CFR 1.213(s). The information is used by the public 20 inquest that an explication not be published under 13 U.S.C. 122(b) (and the PTO as process that required), Confidenciality is governed by 13 U.S.C. 122 and 37 CFR 1.14. This form is estimated in talk 4 minutes to complete. This time will vary depositing upon the needs of the individual case. Any comments on the annual of time you are empired to complete this form should be sent to the Chief information Officer, U.S. Patient and Trademark Office, Ventilephyn, OC 20231, DO NOT SEPID Forms OR COMPLETED FORMS TO THIS ADOREST. SENIO TO: As selected Conventionary for Patients. Westlington, DC 20231.